

Madam Chair and members of the Committee,

My name is Cecelia Whitney. I am here today to support HB 128 because this bill protects the ability of Montanans like me to access health care and health insurance.

At age 7, I was diagnosed with cystic fibrosis, an incurable genetic disease that primarily affected my lungs. At age 15, I required supplemental oxygen at all times. By age 22, my lungs were failing rapidly, and it was clear a double-lung transplant was my only option.

In my family's search for a transplant hospital, we ran into many centers that refused to treat me due to inadequate insurance coverage. Many centers wanted at least one million dollars in insurance coverage while my family's policy would only cover \$500,000 for a lung transplant. We finally found a transplant center willing to treat me in Duke University Medical Center in Durham, North Carolina.

My father and I moved to Durham and waited. After eight weeks, I received a double-lung transplant on August 3, 2008. We remained in Durham for four and a half months until doctors determined I was healthy enough to come home.

In March 2010, a little over a year and a half after my transplant, I became ill and had to return to Duke for treatment. I was hospitalized for five days and treated for rejection. After recovering and returning home, my insurance company sent an explanation of benefits in which they denied coverage for the hospital stay, indicating that I had reached my cap.

I searched for months to find a job with benefits so I could start my own plan with new caps because parts of the Affordable Care Act had not yet taken effect. I found a job guaranteed to last until the end of this June, but my employer is unsure if the position will still exist come July. Without the protection of the Affordable Care Act's market reforms that are made state law with this bill, my insurance company could cap my coverage at an arbitrary amount, and I wouldn't be able to go back to my parents' health plan.

The ongoing costs of my transplant are considerable: I take over 20 pills a day, get my blood drawn every 2-4 weeks, and travel back to Duke every 3-6 months for regular checkups and bronchoscopies. As my doctors told me, a transplant isn't a cure – it only trades one disease for another.

I have yet to see any bills introduced this session that provide for the protections HB 128 would give me and others like me. The protections in this bill against insurance companies' caps and exclusions for preexisting conditions are necessary to create fairness and accessibility in health care. The bills offering alternatives to the market reforms outlined in HB 128 are unrealistic and fall short.

Please vote to support HB 128.